

DECATUR FIRE DEPARTMENT



1349 E. Walnut Street

2010 ANNUAL REPORT

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MISSION STATEMENT



To promote life safety and property conservation for the citizens of Decatur, Illinois, through compassionate, professional service.

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Matthew J. Sekosky, Fire Chief

As I begin my 30th year with the Decatur Fire Department, I must say the time has gone by quickly. I can remember attending retirement receptions as a rookie firefighter and the retirees telling me how quickly the time passes. Well they were right!

I can still remember my first structure fire like it was yesterday. The fire was in the 800 block of West Leafland Av. I was on the second engine. Our duties were water supply and then to backup Engine 3's crew. The truck crew ventilated the structure and the squad crew did a primary search for victims and then assisted the truck with their duties. The battalion chief had an aide. He assisted anyone needing help completing their tasks. At the early stages of the fire fight he was the busiest.

The battalion chief was in charge of the incident. We didn't have incident command then but the battalion chief duties were the same then as they are now: organize the initial assignments, evaluate the progress, determine what additional resources were needed and most importantly, make sure everyone was safe.

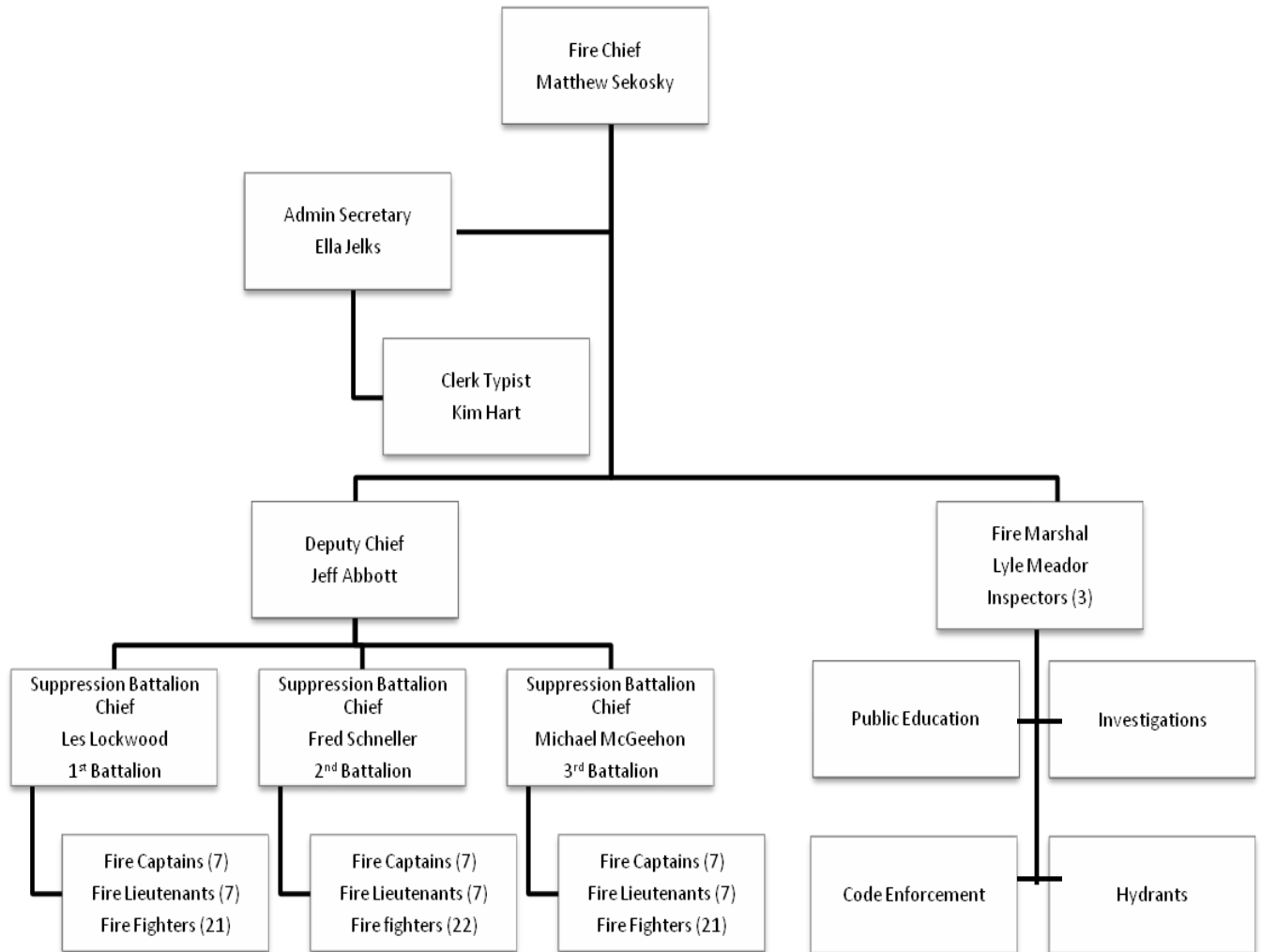
The basic tasks that were required to control a fire 30 years ago are the same basic tasks required today. We still need to cover the basics of firefighting at every fire. But an additional set of tasks are also required to fight the same fires. These additional set of tasks, standards if you will, are the result of historical events, most of them tragic, resulting in firefighter deaths. The standards are required. Their purpose is to make the fire fighting operation safer. These additional standards require additional firefighters at fires.

So what does this have to do with our 2010 year end report? Allot. When the City Manager asked for significant budget reductions from our department, my staff and I had to come up with a plan to maintain current operations. Specifically, we needed to maintain our four to six minute response time to emergency incidents. We had to continue responding to fires with the required number of fire crews. And, we needed to maintain fire training to meet our mandated training requirements, as well as day to day operations and any issues associated with that.

You will see as you read through this report how we accomplished this plan. You will also read about some of the impacts this plan had on our department, what we did to overcome brownouts and how we are addressing brownouts this year.

The bottom line is we maintained the level of service the citizens of Decatur have come to expect. Timing and a little luck did play a part at times to accomplish our plan. For 2011 - 2012 our plan will be to continue meeting the expectations of the citizens of Decatur. We will continue evaluating and refining our operations, to meet all challenges and maintain the same level of service as past years. But, we will be hard pressed to continue in a similar way much beyond this budget year.

DEPARTMENT INFORMATION



Personnel Changes

Retirements: Geoffrey Duncan David Harshbarger

Promotions: Michael Bruce to Captain Michael Emmerd to Lieutenant Paige Griffy to Lieutenant Scott Parks to Captain David Sawyer to Captain Mitchell Ward to Fire Inspector	Neil Elder to Lieutenant William Godfrey to Captain Brian Lockwood to Lieutenant Richard Pruitt to Captain Douglas Sprague to Lieutenant
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INCIDENT SUMMARY & COMPARISON

Incident Counts By Unit

	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
HazMat/Tech Rescue	2	9	11	2
Engine 1	1628	1704	2321	2272
Engine 2	1097	1257	1328	1093
Engine 3	1831	1878	1739	1803
Engine 4	1406	1496	1115	1268
Engine 5	--	--	1430	1530
Engine 6	--	--	1330	1427
Engine 7	558	672	482	528
Engine 8 (Reserve)	3	4	--	5
Engine 9 (Reserve)	--	4	--	2
Tower 1	646	698	987	854
Truck 2	1611	1680	503	688
Truck 4 (Reserve)	3	1	1	--
Squad 1	1040	1061	6	4

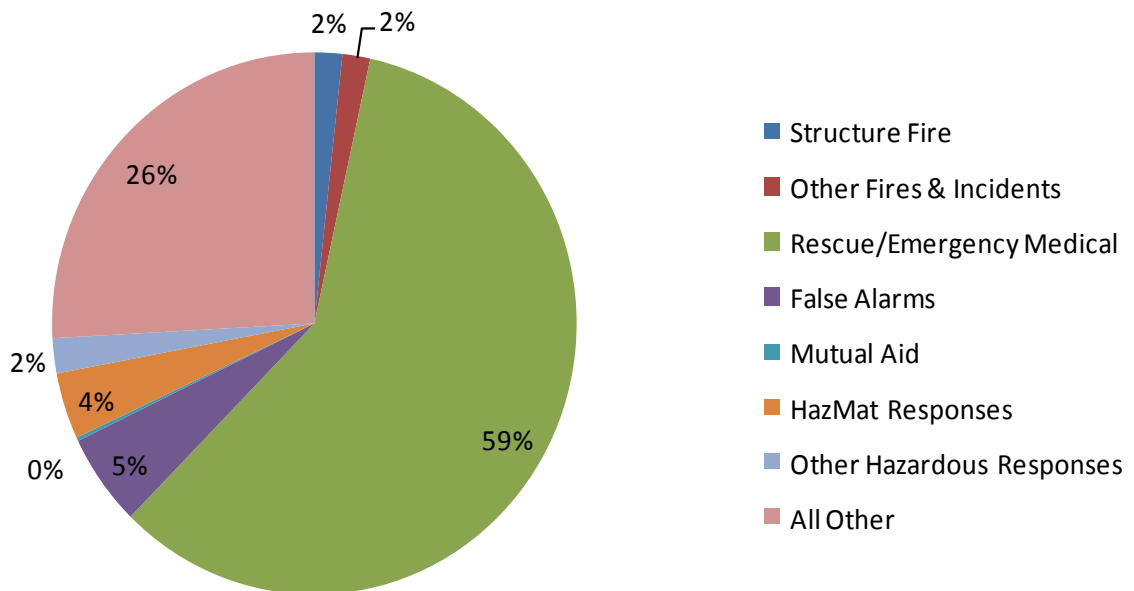
Incident Counts By Station

	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
FH1	1267	1355	1895	1920
FH2	886	1035	1078	1074
FH3	1759	1796	1648	1078
FH4	1371	1434	978	1056
FH5	1410	1502	1302	1389
FH6	1335	1303	1211	1251
FH7	569	604	478	518

INCIDENT COMPARISON

<u>Type of Incident</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
Structure Fire	140	150	131	153
Other Fires & Incidents	226	148	142	153
Rescue/Emergency Medical	4866	5000	4819	5269
False Alarms	543	609	601	492
Mutual Aid	15	19	13	19
HazMat Responses	368	330	387	354
Other Hazardous Responses	194	209	222	187
All Other	2261	2583	2275	2313
Total Incidents	8613	9048	8590	8940

2010 Total Incident Summary



OPERATIONS DIVISION



Jeffrey S. Abbott, Deputy Fire Chief

The Operations Division is the largest division in the fire department. All emergency calls are answered by personnel assigned to this division. There are currently 110 people assigned to the operations division. The 110 people are divided up into three battalions that work a rotating 24 hour on, 48 hour off shift. There are roughly 36 firefighters and officers assigned to each battalion. The city has seven fire stations that have nine fire apparatus and a command vehicle staffed 24 hours a day, 365 days a year.

One issue that adversely affected the operations division was the use of ‘brownouts’ to reduce overtime costs for 2010. Essentially, whenever there were not enough firefighters to meet minimum manning requirements for a shift, we would shut down (brownout) fire engine 2 for the entire 24 hour period. To accomplish this task, we had to swap Engine 2’s apparatus with Engine 4’s apparatus. This move was necessary because that particular apparatus carries special rescue equipment for the east side of Decatur. Another problem we were faced with was a reduction of on-duty firefighters from a previous minimum of 28 to 25 during a brownout.

Two key projects that were undertaken in 2010 was the use of video conferencing and an SCBA upgrade project. The video conferencing project was a means to train all on-duty firefighters at the same time, while they remained in their stations available to answer emergency calls. Before video conferencing, we could only train two fire companies at a time because of the obvious need to provide emergency coverage to the entire city. This resulted in training taking several duty days to complete and was somewhat inefficient. The new system allows all firefighters to receive the training at one time and has increased the efficiency of our training program. The program also has enhanced our ability to answer emergency calls throughout the city. The majority of the costs associated with video conferencing were provided by the Foreign Fire Insurance Board.

The second key project was the upgrading of our SCBAs to a newer model. We had been experiencing several problems with our SCBA that were purchased in 2004, and we contacted our SCBA manufacturer for help. After several meetings and discussions with the manufacturer, they agreed to upgrade all of our SCBA. This was an approximately \$75,000 upgrade at no cost to us. This upgrade should allow us to receive several more years’ worth of service out of our current SCBA.

The department was awarded an Assistance to Firefighters Grant (AFG) for the purchase of 28 sets of turn-out gear in 2010. This AFG was for \$41,401.00. Had it not been for the grant, we would probably not have been able to purchase any new turn-out gear because of budget reductions.

EMERGENCY MEDICAL SERVICES (EMS)



Battalion Chief Fred Schneller
2nd Battalion Shift Commander
EMS Training Coordinator

This has been another busy year for pre-hospital EMS, continuing a trend going back several years. Overall total alarm numbers remain high, with Medical Call numbers following that trend again. I am a paramedic, not a sociologist, but I read of increasing numbers of citizens nation-wide with no or limited access to healthcare delaying treatment as long as possible, not buying needed medications, and often using EMS and Emergency Departments as their primary healthcare resource. We also have an increasingly aging society, with all the concomitant health issues the elderly live with. This holds true here in Decatur. While not all of our Medical Calls are life and death for those we respond to, many are, and more of our calls are being executed at a higher level of care than Basic Life Support, on patients with serious conditions. Respiratory Emergencies (usually acute asthma attacks, but also decompensating COPD sufferers struggling to breathe), Cardiac Emergencies (chest pain, which can often be a heart attack, and victims of sudden cardiac arrest, or patients with dangerously high or low blood pressure), Diabetic Emergencies (overwhelmingly from low blood sugar leading to confusion, combativeness and even coma, but also more cases of high blood sugar problems, which we didn't see as often in past years), and emergencies involving patients who are unresponsive from a number of non-Diabetic causes (seizures, strokes, drug overdoses), these all make up the largest groups of those calls which require our advanced EMTs to use their skills.

Our department is made up of 114 personnel, with 105 of them regularly running emergency calls. Of that number, 46 are licensed above the EMT-Basic level. And of those 46 advanced personnel, 13 are EMT-Paramedics and two are Registered Nurses with Pre-hospital RN licenses. The other 31 are EMT-Intermediates, and that is the license level at which our department operates. All EMS personnel are licensed by the State of Illinois Department of Public Health, and are required by that agency to complete a minimum of 30 hours of continuing education each year. Additionally, certification in International Trauma Life Support and Healthcare Provider CPR are mandatory for all. The Paramedics and RNs must also maintain certifications in Advanced Cardiac Life Support and Pediatric Advanced Life Support. Toss in Fire training requirements, Special Operations training drills, building inspections, hydrant testing, station maintenance duties, and, oh yes, I almost forgot, emergency calls, and we manage to stay pretty busy.

All this training serves a purpose – it equips our personnel with the skills and knowledge to treat patients across a wide array of problems and conditions. And our department's response to these emergencies is a significant contribution to the health and well-being of our city. More often than not (70% or more of all EMS calls), year after year, we are on scene ahead of the ambulance responding to the same medical call. When minutes or even seconds count, and they often do during a medical emergency, these firefighter/EMTs can begin treatments and interventions that can be critical to the patients. When there is a medical call dispatched we get there with trained personnel and all of our equipment. This way, if we have arrived ahead of the ambulance we can initiate treatment for a chest pain patient having a heart

attack. The IV can already be placed and the first Nitro given so when the ambulance arrives, the patient can be loaded in the ambulance and promptly transported without delay. I'm sure you've heard that "time = tissue" in cases like this. Well, by saving time, we have helped to save more of the patient's stricken myocardial tissue. Or maybe we have saved a comatose diabetic's brain cells which are dying off from lack of blood sugar, a substance needed to keep those cells alive because we were there earlier than the ambulance and, you guessed it, started the IV so the intravenous dextrose solution can be delivered directly to the patient's bloodstream, to be immediately available to his cells. And what about the asthmatic teenager, whose lungs are locked up tight as a drum, struggling to breathe and on the verge of respiratory arrest because he doesn't have the life-saving bronchodilating medication which we bring with us? Day after day we do more than fight fires and save lives and property in the effort. We also show up during less dramatic, but just as deadly emergencies, equipped to stabilize patients who are heading down the tubes, and even reversing some of the conditions we encounter on a regular basis. Here are some numbers from just the last three years:

	2008	2009	2010
TOTAL ALARMS	9,000	8,618	8,949
EMS ALARMS	6,000	5,012	5,438
% of all calls	67%	58%	61%
ILS CALLS	389	406	444
% of all EMS CALLS	6.5%	8.1%	8.2%

The alarm numbers are solid; the ILS numbers, however, are under-reported. The numbers I have here are for those with clear documentation. There are more occurrences in the field that, for one reason or another, get mis-coded and end up in the larger set of Basic EMS calls. This is a documentation issue which we have been addressing for the last few years, and it is getting better all the time. Even with these totals, though, two things are clear: advanced field treatments are increasing, and we run a lot of medical calls, year after year.

Let me offer an illustration of what all those numbers are about: a citizen in distress, suffering an out-of-hospital medical emergency and requiring advanced EMS care in the field. I have added a scanned copy of an actual run report, minus the patient's personal information to protect his or her privacy. This report is the official IDPH document completed by DFD ILS personnel after running a call where the fire company initiated treatment before the ambulance arrived, then worked with them as a team to give the patient the highest chance of survival. You can look over the copy of the document, but I am also going to go through it so you can more easily follow the events of the call. By the way, the DFD crew on this call was made up of an officer who is an experienced paramedic who began his career on a paid department in Texas before moving back to central Illinois, a young paramedic with only a few years on the job and less than that as a paramedic, and an EMT-Basic to form a typical 3-man engine crew. Add the two paramedics who eventually arrived on the ambulance, and this citizen had a solid crew working to help him or her through this emergency.

- o The call was dispatched at 0742 in the morning on November 27.
- o The patient's chief complaint to the dispatcher was for difficulty breathing.
- o This patient had a history of Chronic Obstructive Pulmonary Disease (COPD) and asthma.
- o The patient had already used his or her own inhaler twice, apparently without relief.



EMS REPORT FORM

Resource Hospital
Decatur, IL 62521☐ BLS☐ I/D

Date

27-Nov-09

☒ ALS☐ ALS

Incident # 09-0007967

Tape #

Agency

DFD

License # t

Unit # E-2

TIME INFORMATION	NATURE OF CALL	COMMUNICATIONS	PATIENT INFORMATION
Call received Enroute At Scene Depart Scene At Hospital Call dispatched as	<input type="checkbox"/> Cardiac <input type="checkbox"/> Burn <input checked="" type="checkbox"/> Medical <input type="checkbox"/> CB <input type="checkbox"/> Vehicular <input type="checkbox"/> Other Trauma <input type="checkbox"/> Overdose	Med Channel Merch Phone Patch Other	Name Home Add Location Age
0742 0742 0746 0809 0809 Diff Breathing			
PL Complaint	Diff Breathing	EMT's First Impression	Diff breathing
Medical History	COPD, ASTHMA	Rx Prior to Arrival	inhaler x 2
Allergies	penicillin		
Meds now taking	unk		
		Nature of Run <input type="checkbox"/> Treat/Transport <input checked="" type="checkbox"/> Transport Only <input type="checkbox"/> Refused <input type="checkbox"/>	
		Assistance At Scene <input type="checkbox"/> Fire <input type="checkbox"/> Rescue <input type="checkbox"/> Police <input checked="" type="checkbox"/> Other <input type="checkbox"/>	
		PL Found <input checked="" type="checkbox"/> Lying <input type="checkbox"/> Standing <input type="checkbox"/> Sitting <input type="checkbox"/> Entrapped	
		Condition at scene <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Potentially unstable <input type="checkbox"/> Unstable <input type="checkbox"/> DOW	

Verbal Response	Motor Response	Capillary Refill	ASSESSMENT	Pupils	Chest Sounds	Abdomen
<input type="checkbox"/> Oriented <input type="checkbox"/> Confused <input type="checkbox"/> Inappropriate words <input type="checkbox"/> Incomprehensible sounds <input type="checkbox"/> No verbal response	<input checked="" type="checkbox"/> Obeys command <input type="checkbox"/> Localizes pain <input type="checkbox"/> Withdraws <input type="checkbox"/> Decorticate <input type="checkbox"/> Decerebrate <input type="checkbox"/> None	<input type="checkbox"/> Normal <input type="checkbox"/> Delayed <input type="checkbox"/> None <input type="checkbox"/> Eye Opening <input type="checkbox"/> None <input type="checkbox"/> Responds/Pain <input type="checkbox"/> Responds/Voice <input type="checkbox"/> Spontaneous	Skin Condition/Color <input type="checkbox"/> Cool <input type="checkbox"/> Pale <input type="checkbox"/> Warm <input type="checkbox"/> Ashen <input type="checkbox"/> Dry <input type="checkbox"/> Cyanotic <input type="checkbox"/> Moist <input type="checkbox"/> Flushed <input type="checkbox"/> Mottled <input type="checkbox"/> Normal Respiratory Expansion <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Retractive	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Equal/react <input type="checkbox"/> Dilated <input type="checkbox"/> Pinpointed <input type="checkbox"/> Non reactive	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Clear <input type="checkbox"/> Diminished <input type="checkbox"/> Rales <input type="checkbox"/> Rhonchi <input type="checkbox"/> Wheezes	<input type="checkbox"/> Normal <input type="checkbox"/> Rigid <input type="checkbox"/> Distended <input type="checkbox"/> Tender <input type="checkbox"/> Quadrate
<input checked="" type="checkbox"/> Oxygen - L's/SLPM <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Mask	<input type="checkbox"/> Nasal Airway <input type="checkbox"/> Oral Airway <input type="checkbox"/> Intubation <input type="checkbox"/> CPR	<input type="checkbox"/> EDA <input type="checkbox"/> Suction <input type="checkbox"/> Respiratory Assistance	<input type="checkbox"/> Blood Drawn <input type="checkbox"/> Mast. trousers <input type="checkbox"/> Dressings	<input type="checkbox"/> Osm. Strip <input type="checkbox"/> Reson	<input type="checkbox"/> Splinting <input type="checkbox"/> Traction <input type="checkbox"/> Spinal Immobil. <input type="checkbox"/> Extrication	<input type="checkbox"/> DB Care <input type="checkbox"/> Oline I/O <input type="checkbox"/> Flush <input type="checkbox"/> Restraints

VITAL SIGNS				MEDICATION/SOLUTIONS		EKG	
Time	E/P	P	R	Time Trans.	Orders	Time Complete	Time
0749	140/60	112	22		Non-rebreather 15 LPM		
0749					O ₂ sat 90%		
0751					Albuterol 2.5/32 Nebulizer		
0753					Cardiac monitor		Sinus Tach
0756					Albuterol 2.5/570 nebulizer		
0757					O ₂ sat 91%		

RESPONSE TO CARE	CONDITION IMPROVED	NO CHANGE	DETERIORATED	APPARENT DOA	TRAUMA SCORE
ADDITIONAL COMMENTS: pt found lying in bed with obvious diff breathing. Put pt on non-rebreather after listening to the lungs revealing expiratory wheezes in both sides. Set up albuterol 2.5/570 saline solution. DAS arrived on scene and hooked up cardiac monitor showing Sinus Tach. DAS instructed DFD crew to give another Albuterol treatment while they gave Biotrine 500mg standard. DAS started IV gen 20 gauge via hard end and transported pt to cat. Care was transferred to DAS crew without incident. See Supplement					

CREW SIGNATURES & S.S. Numbers	Receiving Hospital
1. [Signature] 6-00090503	Receiving Hospital: St. Mary's
2. [Signature] 35664	EMERG. DEPT. RN/MD:
3. [Signature] 582031	MIC STAFF ON VEHICLE:
4.	

- The patient's level of consciousness was acceptable, but the physical exam revealed wheezes during breathing, a rapid pulse and rapid breathing, which last two are mechanisms to help the body cope with the low oxygen levels the patient is experiencing.
- Treatment began with high-flow oxygen using a mask and oxygen carried in a compressed gas tank. The patient quickly received a treatment of bronchodilating medication in nebulized form to help open his or her airway. The ambulance crew arrived at this time, began ECG monitoring, and had the DFD crew give a second nebulizer treatment while the ambulance crew administered different bronchodilating medication through injection. An IV line was established, and the patient was then taken to the ambulance for transport to the hospital, in this case St. Mary's ER.

The point of all this is to demonstrate how this system works, using a fairly typical call scenario showing typical agency cooperation. We often arrive first at the scene of a medical emergency. The numbers show this happening over 70% of the time. It may be just before the ambulance; it may be several minutes before them. But that's not the point. The point is that we work as a team to deliver a life-saving service to the community, and because we know how and have the equipment, we can start treatment and help the patient along if we are there first so that when the ambulance does get there the patient has already begun whatever therapy it is that is indicated. During a medical emergency, the clock is ticking, starting at the time the patient first begins to suffer. Rapid response by trained personnel with the tools and know-how to manage a medical emergency is critical, be it for a patient struggling to breathe, a patient whose heart muscle tissue is dying from a blocked coronary artery, a patient with zero blood glucose to keep his brain cells alive, or a seizure or overdose victim who desperately needs someone to breathe for them and begin treatment to help control or reverse their condition.

I am proud of the work our personnel do: on Medical calls, Rescues, Fires and our many non-emergency duties. I have seen our personnel perform under conditions and circumstances that many people could not endure, efforts that ended up in making a bad day for someone in our community much better than it might have been without that effort. Sometimes it is saving a civilian from fire, sometimes from a heart attack. In either case, there are people walking around today in this town who would not be doing that if not for the efforts and teamwork of firefighters: sometimes actively engaged in fire suppression, but even more often from firefighter/EMTs working as integral members of this community's pre-hospital medical response.

TRAINING



Battalion Chief Leslie Lockwood
1st Battalion Chief Commander
Firefighter and Officer Training Coordinator



The training division provides training to all members of the Decatur Fire Department. The standards we train to are provided by the Office of the State Fire Marshal, The National Fire Protection Association and The Insurance Service Organization. These organizations mandate training but provide little or no funding.

The Decatur Fire Department is broken up into three shifts. All training must be repeated several times in order to train all the firefighters on the same subject. Due to budget restraints we must use on duty personnel to provide this training. Some training that requires all personnel to attend takes 2 months to accomplish. Recent addition of software will allow us to improve in this area for next year's training.



Emergency Medical Technician class was held for recruits. This is mandatory training and it spreads out over 6 months. This was an overtime cost for us this year.

Hazardous Materials training for our newest members was also held. This 40 hour class was taught by our personnel at our regional training center. This class mandated by the Office of the State Fire Marshal to be completed within the first year of employment.



We remained compliant in the National Incident Management System (NIMS). Most of this was accomplished on line, and completed at the stations. This also is mandatory training that must be accomplished or the city cannot receive any type of Federal funding.

Employee Assistance Training for Supervisors was done in conjunction with St. Mary's Hospital.

Mutual aid training with area fire departments was completed during the summer months. This will allow us to work with our neighboring departments in a seamless fashion.

Highlights for the Training Division 2010

- Training on Vent – Enter – Search was directly responsible for saving a child from death.
- Trained with Army National Guard on downed aircraft.
- Officers went to training on the new requirements for State Certification of firefighters.
- Did Ventilation training on houses donated by Millikin University.

- Spent over 40,000 man hours on training, slightly down from the previous year due to fewer personnel.
- Completed Pre-plans of businesses in each station's first due territory.
- Checked hydrants in first due territory.
- Completed school fire drills during fire prevention week.
- Participated in several community events: Rodney Miller Triathlon, Sister City Tour, ADM Safety Week to name a few.

Concerns for the Training Division 2010

- 37% of fire department personnel have not had the opportunity to attend classes at the University of Illinois due to budget constraints. These classes provide skill based training in facilities that are not available here.
- Brownout of E-2 limits training on those days to one company. It takes us twice as long to accomplish simple training. Training that requires 2 companies has to be canceled on those days and rescheduled.
- A dedicated training officer to supervise all training is still a concern.
- The training tower is still in need of repairs, and some sections cannot be used due to safety concerns.
- Changing training requirements that require additional training and cost without additional funding.
- Advanced training at the National Fire Academy has been unavailable due to manpower requirements to keep E-2 in service and no money budgeted.



Crash Reenactment - April 28, 2010

SPECIAL OPERATIONS



Battalion Chief Michael McGeehon
3rd Battalion Shift Commander
Technical Rescue Training Coordinator

This report summarizes areas of training completed by Decatur Fire Department Special Operations personnel for the year 2010.

Special Operations division is a combination of specialty teams (HAZMAT, high angle, confined space, etc.) merged into one. There are three specialties in the Division: Technical Rescue, HAZMAT, and Diving.

The Decatur Fire Department has been designated the lead agency in HAZMAT and Technical Rescue incidents for the MABAS 46 region. This encompasses Macon, Dewitt, and Piatt counties. The department also has a statewide and nationwide commitment as a support agency for incidents that require outside resources, such as hurricane Katrina.

These types of responsibilities require a great deal of training, time, and money. To date the department has received a great deal of funding and equipment from the Illinois MABAS organization. Funding for maintaining the skill levels and equipment has become the department's responsibility.

The majority of our training is conducted during the week while personnel are on duty. The companies are taken out of service during most of these training sessions. This decreases available city fire protection.

All training must be recorded and filed with the proper governing agency. Our training records are reviewed annually to evaluate manpower needs, departmental needs and costs.

Our role in the Illinois MABAS system is very beneficial for the city and the department. Our Department is receiving funding and vital training in mitigating incidents outside the normal scope of the fire department operations. The city has a real potential for these types of incidents (hazardous materials spill, tornadoes, confined space, water rescue, structural collapse) due to the presence of industry and our geographical location.

Special Operations Technical Rescue



Technical Rescue contains several areas of expertise and requires prerequisite classes to attain certification in these areas. This technical area is governed by OSHA, and a great amount of training must be dedicated to these subjects in an effort to be compliant. There are several levels of training an individual must complete to participate in a technical rescue incident. Listed below are the training highlights.

Technical Rescue Training

- February, training conducted on the Trench trailer and equipment. Training was also done on trench collapse procedures with members of the Hickory Point Fire Department attending.
- April, training was on high angle pick offs of victims stranded on ropes. This was done at Fire Station 2 training tower.
- June, training was over slope evacuations and rappelling which was conducted at ADM. One firefighter attended a Grain Bin training class.
- August, conducted a confined space drill at DMH Shore some of the subjects covered were: rigging, hauling systems, removal of victims, and lockout/ tag out procedures.
- October, training was conducted on the use of tools to cut concrete.
- November, conducted a confined space drill with the Sanitary District. The object was to remove a victim from a manhole.
- December, training was on the setup and use of Zumro tents.

The Department had one incident this year at 625 Waterford Lane on August 25, 2010. Twenty-two firefighters and staff personnel responded to the incident. Additional help was received from Hickory Point Fire, and Warrensburg Fire Department. Non fire units that assisted were Salvation Army, City Public Works and DAS.



Technical Rescue Standbys

- City of Decatur Street Department for a plugged sewer line.

Special Operations HAZMAT



Hazardous Materials (HAZMAT) contains several areas of expertise and requires prerequisite classes to attain certification in these areas. This area is governed by OSHA, and a great amount of training must be dedicated to the subjects in an effort to be compliant. There are several levels of training an individual must complete to participate in a HAZMAT incident. Listed below are the training highlights.

- January, monitor operations, suit selection and donning/doffing procedures. Suits were also pressure tested in this training.
- March, reviewed department procedures J-101, J-102, and J-105.
- May, plugging and patching of chlorine leaks.
- June, conducted DECON drill at St. Mary's Hospital.
- July, conducted training on the set up procedures for the MABAS 46 DECON truck.
- September, conducted training on RID monitors. Participated in a DECON drill at DMH. Hickory Point Fire, Harristown Fire, and Warrensburg Fire were also participants.
- October, conducted Hazmat Drill at ADM Bio-products. The department provided decon.
- November, trailer, equipment, and monitor familiarization. Captain Culp attended a table top exercise held by N & S Railroad.

The HAZMAT team participated in several incidents this past year.

September, responded to a semi truck overturned at Route 48 and Hubbard Ave. The truck had spilled an estimated 1000 gallons of oil on the ground. Twenty fire fighters , of which ten were Hazmat Techs, responded, contained the spill and assisted with removal.

Completed Pre-plan Tours

April, ADM Glycol plant

May, ADM Corn plant

June, AT&T phone exchange

July, ADM Mechanical

September, Madison Warehouse,

October, Agra Gas

December, Illinois Department of Corrections

Special Operations Diving



The fire department conducts specialized training in SCUBA rescue. Listed below are some of the training highlights conducted in Lake Decatur and other dive locations.

The DFD SCUBA Team continued to work on improving throughout 2010. We were able to utilize the pool at Millikin University to train in during the winter months which gave us much needed time to work on skill drills and search patterns in a controlled environment. Throughout the year we also worked in Lake Decatur with boat operations, as well as dark water diving using the same techniques practiced in the pool.

Seven new fire fighters started dive training.

We have been dispatched to several recoveries ranging from victim recovery to evidence recovery for the police department.

The SCUBA Team continues to be goal-oriented with the objective to meet all State Fire Marshal certification requirements in the next year. We are currently trained in all aspects of SCUBA that are needed in our area. However, with changing requirements we will continue upgrading our equipment knowledge to maintain a level of professionalism and safety. As funds allow we will need to replace our Zodiac boat in the near future as our current one has reached the end of its safe and useful life.



A. Lyle Meador, Fire Marshal

Fire Prevention & Education

- 128 Fire Investigations
- 25 Extinguisher Programs
- 274 Keybox installations or removals
- 60 Fire safety presentations
- 283 Code enforcement inspections
- 90 Consultations or follow ups
- 98 Plan reviews
- 12 Juvenile Firesetter interventions
- 10 Consumer fireworks classes

Career Fairs

Once again the Fire Prevention Division started the year by participating in several annual career fairs. The first was the four-day 8th grade career fair in January at Richland Community College sponsored by “Partners in Education.” All Decatur and Macon County public and private school 8th grade students are bused to RCC for this event. We also conducted a one day career fair for high school students at Eisenhower High School in late January. In February, the venue changed as we participated in the annual three-day 6th grade career fair held at Millikin University. March took us to Richland Community College for a one day career fair for college students. In March we also presented career information for four different career classes at MacArthur High School. We finished the spring season participating in the three-day annual “Career on Wheels” event held at the Macon County Fairgrounds and sponsored by Junior Achievement.

Fire Safety Education Programs

In 2010, DFD presented a number of fire prevention and life safety programs. One of our most popular programs is a 40 minute elementary school assembly. Because of all the activities we provide during National Fire Prevention Month in October, we actually do our assemblies in the Spring. We visit all Decatur public and private elementary schools on a semi-annual basis. Therefore, we present approximately 13 assemblies each year. 2010 was the second year of doing our all new “Hotshot and the Fire Marshal” fire clown program. It has continued to garner high regard from all of the elementary schools.

At the conclusion of the assembly, all Kindergarten and First Grade students are escorted outside where they get to experience DFD's children's fire safety house. In the fire safety house, students participate in a mock home fire escape drill complete with non-toxic stage smoke. While one grade is doing the safety house, the other gets an up close and personal show-and-tell with a DFD fire crew and their apparatus.

In addition to the school assembly, DFD also provided our "Remembering When" presentation to numerous senior adult groups. The largest was a program for the Salvation Army in October which drew over 200 Decatur area senior adults. In this program, we also utilize "Hotshot," the fire safety clown, to entertain and educate seniors about fire and fall hazards and prevention tips. Through this program, Decatur is a recognized "Remembering When" city through the Office of the Illinois State Fire Marshal.



Junior Fire Cadet Program

The 16th annual Decatur Fire Department Junior Fire Cadet Program was conducted at the old Southeast Elementary School in 2010. The five week program runs Monday through Thursday from 8:00 a.m. to 12:00 p.m. for up to 100 Decatur area residents aged 8 to 17. For the second straight year, St. Mary's Hospital was our corporate sponsor of the program. Also for the second straight year our enrollment was maxed out at 100 cadets.

The Cadet Program provides Decatur Firefighters as mentors and stresses respect and discipline to its participants. Guest speakers from throughout the community are brought in Monday through Wednesday, while Thursdays are reserved for off campus field trips. After the 5 week program we graduated 100 cadets at a ceremony at the Decatur Civic Center.



National Fire Prevention Month



In October, 2010, DFD continued the tradition of providing two full weeks of fire safety programs at Station #1 for Decatur area students. Once again, we hosted over 1,000 students, teachers, and parents while presenting tours, demonstrations, puppet shows, magic shows, a visit from "Sparky the Firedog", the fire safety house experience and a visit with "Firefighter Dave", a 10 foot tall inflatable firefighter character.

Residential Keybox Program

Over the last seven years one of the Fire Prevention Division's most successful, ongoing programs has been the residential keybox program. This program allows individuals on a lifeline alert system the option of having a "Supra" residential keybox installed at their residence, free of charge. The box allows DFD access to keys to open the resident's door in a medical emergency in the event they are unable to. The "Supra" box is basically a key safe that mounts to the resident's door. Only DFD has the key to open the box. This system is secure enough that all the banks and many businesses throughout Decatur have the commercial version of this system.

In 2010, DFD expanded this very popular program to make it available to any Decatur resident regardless if they are a Lifeline subscriber or not. For non-subscribers, there is a onetime \$40.00 administration fee which covers installation, maintenance and the eventual removal of the box.

Miscellaneous

Our main goal in the Fire Prevention Division is to keep residents' safe. We do this through a variety of ways. We are always available to speak to groups about fire and life safety issues. We maintain and assign preplans to our fire companies throughout the city. We conduct fire extinguisher classes and presentations. We give consumer fireworks classes and tests. We do inspections of various businesses and even home safety inspections, when asked. We also install smoke and/or carbon monoxide detectors and provide them free of charge for residents who cannot afford them. 2010 was a very good year for us, and we anticipate 2011 will be even better.

